TITLE OF PROJECT:		
Full name and address of organization apply	ing:	
Village or Quarter	Region:	
Telephone:	E-mail:	
Project Address (if different from organization	on's address):	
Village or Quarter:	Region:	
Primary CONTACT PERSON:		
Name	Telephone:	
Title/Organization:	E-mail:	
Secondary CONTACT PERSON:		
Name:	Telephone:	
Title/Organization:	E-mail:	
Who will manage the grant money and the	project (list person(s) and title(s))?	
Project Coordinator :		
Name	Telephone:	
Title/Organization:	E-mail:	

In what year was this organization/association established? How many members does your organization have? What is your organizations core work? Who benefits from your organization's activities (please be specific)? Has this organization received Community Grants Funding from the US Embassy before? If so, please give the name of the project and the year awarded. Has the organization implemented similar projects in the past? Please give examples

Organization Information:

PROJECT DESCRIPTION:

Tell us briefly about your project. What is the activity the organization is proposing to do with these funds? How many people will the project impact? (Examples: purchase of three manual Singer sewing machines, provide literacy training for 120 children, etc.)
What have you already done to implement this project? (Examples: foundation laid, walls raised to roof level, funds raised, etc.)
When did work on the project begin or when do you anticipate it will begin?
Explain how much is remaining to complete the project and how long it will take. (You must attach an activity timeline like the example attached to this form.)

What are the organization's estimated value of commun		ommunity's contributions to this project? Please be specific and list outions.	
		I benefit from this project? How will the project benefit your community? (please be specific)	
Beneficiaries:			
How many people will dire	ctly benef	it from this project? Direct beneficiaries are the people who will act	tively
engage with the project. (1	5 women v	will be able to use the sewing machines, or 35 school age kids will r	eceive
educational kits)			
Women 18 yrs+		Men 18 yrs+	
Girls 0-17 yrs		Boys 0-17 yrs	
Total Females		Total Males	
Total direct beneficiaries	:		
How many people will indi	rectly ben	efit from this project? Indirect beneficiaries are people who will dir	ectly
* * *	•	benefit from it. (For example, if 15 women are able to purchase sev	•
		e machines to generate income, their children will benefit)	Ü
Women 18 yrs+		Men 18 yrs+	
Girls 0-17 yrs		Boys 0-17 yrs	

Total Males

Total indirect beneficiaries:

Total Females

Please describe how you plan to sustain the project after Self Help funding expires.

When completed, will the project produce money or income?	How much?
Who will control any income generated, and how will it be used? future plans with the income generated through this project	Please provide detailed information regarding
Every project considered for funding will be visited before final ap- with this application, showing how to find your project site. Pleas endorsement letter from the community leader, chief of village, pr	e enclose with your application an
your project.	

FINANCIAL SUMMARY:

(Please attach a detailed budget or cost estimate to your application, as well as pro forma invoices from at least two different sources)							
What is the total cost of this project?							
How much money have you already s project?	pent on this						
Who provided this money?							
How much money are you requesting from the United States Embassy?							
Please be specific; use the attached bu	adget format to list :	all budget items.					
Applicant Signature I certify that all information contained in this form is correct to the best of my knowledge.							
1 certify that an information contained	1 III ulis 101111 18 COI	Teet to the best of th	y knowledge.				
Print Name	Signature		Date				

All proposals should use the following sample budget format.

BUDGET estimated expenditures necessary for the implementation of the Activity

The budget should be stated in local currency and include notes explaining the costs associated with each of the budget line items and other relevant information to support the proposal's budget. There should be a direct relationship between the activities described in the proposal and the budget.

Sample A

	Description of Items(materials, equipment, supplies)	Unit Price	Quantity	Total FCFA	Local Contribution	SSH contribution
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
	Total					

Sample B: Activity timeline

All proposals should use the following sample activity timeline.

Project Activities			May 2015 - February 2016							
	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb

LOCATION: WHERE CAN WE FIND YOUR PROJECT?